

FY 2015 RESPITE PROGRAM ACROSS THE LIFESPAN OUTCOMES

November 2015

INTRODUCTION:

The Nebraska Department of Health and Human Services (DHHS) further implemented the requirements of Neb. Rev. Stat. §68-1520 through §1528 to ensure the long-term sustainability of the requirements of the Lifespan Respite Care Act of 2006 (P.L. 109-442). The primary focus of this project was to further develop the existing respite infrastructure and utilization of respite services to eligible populations regardless of the family members' disability and/or chronic illness diagnosis, special needs or family circumstances.

The Lifespan Respite Care Act established the Nebraska Lifespan Respite Services Program, consists of the following:

1. The Lifespan Respite Network designated to coordinate community respite services; and
2. The Lifespan Respite Subsidy Program designated to provide funding for caregivers to purchase respite services. The program is centralized and administered through the Department of Health and Human Service.

The Lifespan Respite Subsidy Program supports Respite Services, which provide short-term relief for primary family caregivers from the demands of ongoing care for an individual with special needs. The Program is family/self-directed and encourages each family to choose their own provider(s), decide how much to pay the provider(s) per hour or per day, the location for respite service delivery (in home or community setting), and determine their own schedule based on the family's needs. This program is limited to those families who do not receive respite services from other governmental programs.

The Program offers qualified families up to \$125.00 per month to obtain planned respite services. Families may also apply for crisis respite for up to \$1,000 per eligibility year, if one or more of the following criteria are met:

1. Unplanned event that jeopardizes the health and safety of the care recipient;
2. Unplanned event that jeopardizes the health and safety of the caregiver;
3. Immediate and unavoidable absence of the caregiver in excess of 4 hours when a qualified caregiver is not available; and/or
4. Circumstances of crisis need results in the immediate and unavoidable absence of the caregiver from the home in an excess of 4 hours at a time when a qualified caregivers is not available.

The Lifespan Respite Network is a statewide system divided into six service areas, referred to as local networks. DHHS provides a Lifespan Respite Network contract to one agency in each of the areas. Each contracted agency, pursuant to statute, is responsible for providing the required network activities and supporting the mission of respite.

Mission: Respite is a service that is designed to give caregivers a break from the demands of providing ongoing care for an individual with special needs. The Network provides information and referral, provider and caregiver training, and resource development for respite services.

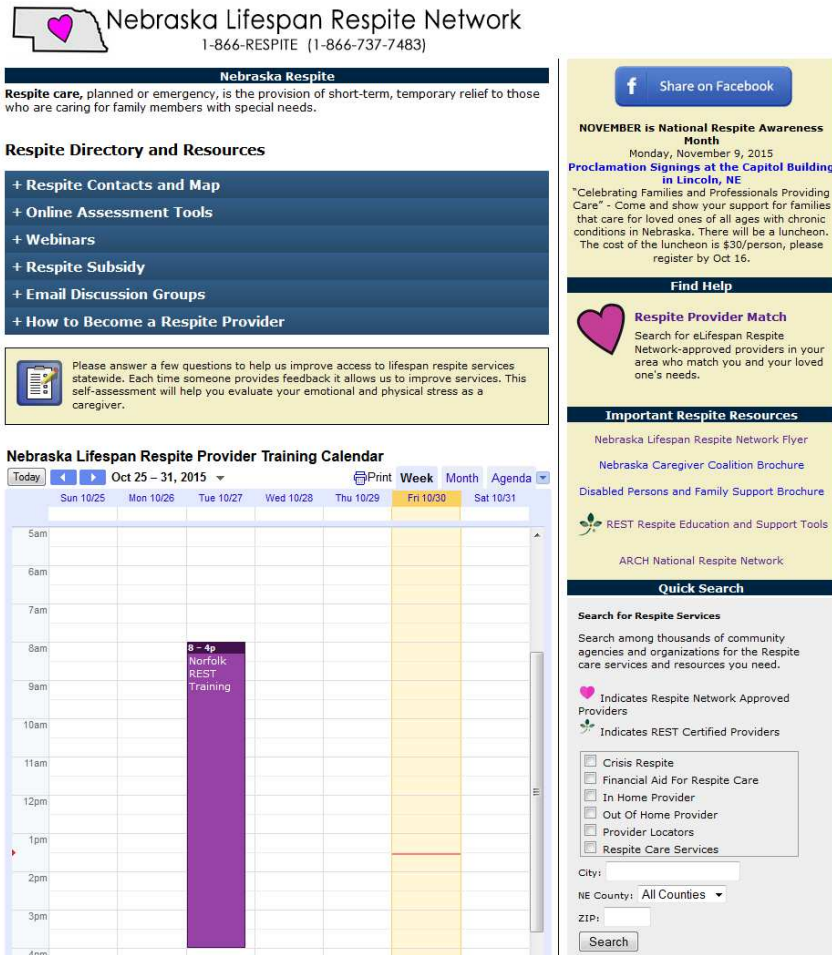
The following agencies currently hold a contract in their respective service areas:

1. Central Area - Central Nebraska Community Services, Inc.
2. Eastern Area – Partnerships in Caregiving
3. Northern Area - Central Nebraska Community Services, Inc.
4. Southeast Area - YWCA - Lincoln
5. Southwest Area – Southwest Nebraska Public Health Department
6. Western Area – Panhandle Partnership for Health and Human Services

NEBRASKA LIFESPAN RESPITE NETWORK

The Network’s goal is to ensure families have increased knowledge and access to quality and inclusive lifespan respite resources to meet their specific respite needs. DHHS contractors were provided technical assistance to not only sustain, but further develop, the Lifespan Respite infrastructure and resources developed in recent years. Leveraging federal respite grant funds awarded to NDHHS from the United States Department of Health and Human Services, Administration for Community Living/Administration on Aging (ACL/AoA) – Lifespan Respite Integration Program and a Part C, IDEA Funding grant awarded to NDHHS from the Nebraska Department of Education – Lifespan Respite Network, allowed Network partners to provide innovative outreach activities to additional populations.

The Network continues to expand and enhance access to respite resources through online opportunities. Family caregivers, advocates, respite providers and agency partners are able to independently review the variety of information available at <https://nrrs.ne.gov/respitesearch/>. Offering the capacity to match Network providers with care recipient needs is a primary function of the respite search pages of this website. Provider details are downloaded nightly from the secure data collection and worksite referred to as “eLifespan Respite” based upon information collected by Respite Coordinators. The eLifespan Respite System and the Nebraska Resource and Referral System is a collaboration between DHHS and the University of NE- Lincoln, Center on Children, Families and the Law to collect data of caregiver and provider contacts. This system is an evolving secure, online reporting and communication system created with a federal ACL-AoA grant. In addition, data from the Lifespan Respite Subsidy Program is obtained from the DHHS CONNECT client eligibility system. Together, these systems are integral to the data collection needs of the Nebraska Lifespan Respite Network.



Preliminary development of a Respite Data Dashboard (see above image) in collaboration with DHHS and UNL/CCFL provides a means to view current respite data in chart form. The technological capacity to concurrently collect data of cross-agency, program-specific care, recipient need, service utilization, numbers and qualifications of respite providers used by families, provider training and records of quality assurance activities were enhanced. The Data Dashboard provides access to current and historical lifespan respite data for the designated six regions of the Nebraska Lifespan Respite Network; Western, Southwest, Central, Southeast, Eastern, and Northern. The underlying data used to generate the dashboard graphs are based on datasets from the Nebraska Lifespan Network activities, respite data received from the State Unit on Aging and local Area Agencies on Aging Older Americans Act Respite Funds, Lifespan Respite Subsidy Program and the 2010 Census. Some data is presented in real time while other data shown is cumulative month-end data. Continued outreach and education of state agency program policy makers is required to secure fully representative cross-agency respite data.

Employees as caregivers is a recent population target for respite outreach. Employer engagement activities have introduced new resources and communication requirements that differ from traditional respite outreach methods. The Program Coordinator regularly seeks opportunities to identify resources to guide Lifespan Respite Network partners and contractors to be responsive

to the challenges faced by employee caregivers and reduce the impact on the companies that employ them. Effectively reaching employers to bring awareness of employee caregiving needs and the impact to local businesses requires alternative approaches to respite outreach. Learning how to frame meaningful communication messages for targeted businesses, understanding wellness program options, affiliating with local human resource organizations and forging business partnerships to become positively engaged and provide supportive peer mentoring on materials developed, sharing relevant experiences with business contacts, and emerging promising practices has been critical. One local network accessed a Board member's expertise as a professional writer to provide assistance in writing an article for business magazines. The eastern Nebraska network is forming a Business Advisory Committee to guide employer outreach strategies and review materials for appropriateness to meet target audience objectives. Letters have been sent by all networks to all Chambers of Commerce, Pump and Pantries, Wal-Marts, and McDonalds' Managers describing the NE Lifespan Respite Network resources, caregiver issues, and offer to conduct presentations. The University of Nebraska Medical Center, Munroe Meyer Institute and Nebraska Medicine are a new group of DHHS partners engaged in multiple respite initiatives, including an employer engagement pilot. Combining the expertise of practicing medical professionals, academic experts from multiple colleges within the University of Nebraska system, and administrators with Human Resource and Wellness responsibilities within both a university setting and physician/hospital corporate infrastructure has tremendous promise.

Statewide sustainability training in the form of a workshop and sustainability planning webinars for respite coordinators, advisory committee members and additional contractors aided in gaining skills to create local sustainability plans. The comprehensive exercise of developing local logic models, completing financial worksheets and sustainability plans assisted network partners to identify areas of need previously unidentified or not addressed. One network discovered financial insecurity to a more severe extent than the local network advisory board or staff understood. A series of joint planning meetings were held with agency and board leadership to address the shortcomings. Commitments to the respite mission were reinforced and a fundraising professional is being secured to support the small staff to allow them to continue focusing on families and Work Plan efforts. Through the further development of e-Lifespan Respite, capturing in-kind funding information was added to the monthly budget reporting. Emphasis on exploring additional funding sources to sustain local respite activities resulted in capturing in-kind contributions totaling \$99,405 in FY 2015. Reported contributions included registrations, rent, advisory committee expenses, personnel, business advisory committee costs, caregiver input, regional coordinator contributions, payroll, fringe, operations costs, personnel, travel, and programming. With additional training and emphasis on identifying in-kind contributions this figure is expected to increase. Local networks are required to apply for grants and funding to decrease dependence upon state and federal dollars for sustainability.

Currently the Lifespan Respite Network has 348 approved agency and individual providers statewide accessible to caregivers through a 1-866-RESPITE phone line that enables access to local Respite Network representatives. When caregivers called 1-866-RESPITE to seek assistance, Respite Coordinators empowered and helped with the following:

- Informed decision-making about respite need;

- Assisted with general resource questions, including questions about available funding, caregiver support groups, access to Medicaid programs, information about special trainings/events;
- Program eligibility and referral, if appropriate;
- Guidance on selecting competent providers to meet their individual needs; and
- When needed, identifying translators and interpreters to help non-English speaking families.

Respite providers offer family caregivers a temporary break from the ongoing demands of caring for their loved one with a disability of any age or medical condition, including a trend of rapidly growing behavioral health needs of young children. Family caregivers include grandparents of any age who are primary caregivers of children or adults with special needs. Respite care is provided in the home or while participating in community activities agreed upon with the family caregivers. Funding is used for partnership development and coordination efforts with educational, medical and community entities to inform family caregivers, childcare providers, and mental health providers of available respite resources. In response to this respite need, a major focus of Network activity is to increase the number of trained respite providers. Lifespan Respite Network providers are required annually to pass criminal background checks, APS/CPS checks, sex offender registry checks, and initially provide personal reference checks. Providers represent both agencies and individuals. Efforts are made to recruit providers, through strategic outreach and collaboration with community organizations and individuals willing to work with targeted needs such as children with difficult behaviors. Outreach to recruit bilingual providers was done by contacting the Nebraska Association for Translators and Interpreters (NATI). Respite Coordinators continue to be challenged in rural areas with a shortage of respite providers dissatisfied due to the lack of work and distance. Health disparity issues are targeted for under-represented immigrant populations of young children with special needs as multicultural population changes are evident in several counties. Communicating with the migrant workforce and refugees representing many diverse nationalities and languages to ensure all populations of care recipient needs are met and simultaneously recruiting, training and retaining providers from representative cultural communities is difficult. The undocumented Hispanic, Sudanese, and Somali populations are a concern. Respite Coordinators actively collaborate with DHHS Resource Developers for provider recruitment to identify individuals and agencies interested in serving multiple populations and minimizing duplication in provider approval requirements.

Service Area (Local Respite Network)	Current Network Providers
Southwest (Southwest NE Public Health Department, McCook)	29
Western (Panhandle Partnership for Health & Human Services, Chadron)	49
Northern (Central NE Community Services, Loup City)	56
Central (Central NE Community Services, Loup City)	63
Southeast (YWCA – Lincoln)	42
Eastern (Partnerships in Caregiving, Omaha)	109
Statewide Total	348

The need for respite provider training is profound. Respite Education and Support Tools (REST) is a professionally-designed training curriculum designed to help build a pipeline of trained Respite Providers. The training curriculum prepares Respite providers to increase their comfort level and knowledge base about the needs of individuals with disabilities or special needs across the lifespan in order to provide Respite for caregivers. Federal grant funds allowed UNMC/ Munroe-Meyer Institute (MMI), DHHS and REST to host a Train-the-Trainer event. Participants included a wide array of individuals representing aging, disability and other service organizations. Our goal for using the REST provider training model is to support family caregivers in the community with a coordinated network of REST trained paid and unpaid respite providers. Nebraska currently has twenty-four REST trainers statewide. One REST trainer is bilingual in Spanish and has offered the training in Spanish in central and northern Nebraska. At every outreach opportunity family caregivers are reminded of the importance of recognizing themselves as caregivers, taking respite and how to access Nebraska Respite Network representatives. Families and employers are provided information and assistance on respite programs and eligibility criteria, depending upon personal need and circumstance. Caregivers routinely receive a caregiver packet, in addition to an offer of free REST training (discussed in previous paragraph), with educational information on priority topics that included, but not limited to:

- How to hire, train and provide ongoing supervision of care providers;
- Lifespan Respite Subsidy billing instructions, available financial assistance, reporting changes of condition or need, and fraud;
- Philosophy of client choice, client direction and family centered services;
- How to identify and report abuse and/or neglect;
- The Nebraska Nurse Practice Act, particularly for providing an understanding of the health maintenance activities a provider is allowed to conduct;
- Handling emergencies, stress relief, positioning and transferring, behavior management, speech pathology, respite goals, limits, confidentiality, and more.

Monthly Respite Network Coordinator conference calls are held to provide technical assistance and training opportunities to support successful work plan implementation. Meetings, including formal and informal presentations, are routinely attended/provided in all 93 counties to offer external partners opportunities to improve awareness of respite resources and available information for families. Quarterly reporting on progress of implementing strategies, evaluating whether or not strategies are paying off and effectiveness of specific activities of local network activities is required by agency contract Scope of Service and approved Work Plans. This quality assurance reporting system supplemented with Program Coordinator facilitated agency technical assistance/quality assurance quarterly calls supports successful outcomes through feedback between Program Coordinator and DHHS contractors.

With cooperation of human resource personnel, partnerships have developed with businesses, school systems, non-profit organizations, city employees, insurance companies, public health department human resource professionals, and wellness initiative representatives to share information on respite and help employees identify as caregivers. Examples of information sharing has been through 1:1 contact, lunch and learn events, newsletters, respite material added to new employee materials, and material left for bulletin boards or employee information racks. The types of businesses receiving presentations and follow-up information vary significantly in

number of employees and type. Many times the initial outreach resulted in one or more opportunities for follow-up. All visits are tracked for outcome and program-specific referrals. Additionally, these employer engagement partnerships have served as entry points for additional relationship building, provider recruitment or potential funding for training events. For example, a business employee is also an active leader in SHRM (Society of Human Resource Managers) which then allowed introduction for respite into that organization. This has happened numerous times across the state. Several Respite Coordinators have joined local SHRM chapters or other business and nonprofit networking associations to establish connections with area businesses and key human resource personnel. These memberships serve dual purposes; employer outreach and opportunities for sustainability through workshop attendance to learn new skills for effective fund-raising or effective use of social media. Maximizing outreach included using the expertise of advisory board members in the design of marketing materials. Two examples. First, a board member who is an HR (human resource) professional guided the development of appropriate materials and verbiage to use for business-focused outreach materials explaining respite and caregiving materials. Second, a professional writer/journalist assisted in writing an article to be used in business journals, magazines and trade industry newsletters. A local network's agency board of director's recognized the importance of skilled public speaking and engaged a professional trainer to work with the Respite Coordinator for several weeks to develop her speaking and presentation abilities. The trainer is a professional speaker, author and coach.

Additional Network accomplishments, partnerships and collaboration:

- Outreach efforts targeting children who have experienced trauma and mental health workers and therapists to increase awareness of respite resources to help with referrals;
- UNMC/MMI/NE Medicine cross-systems lifespan respite multi-year respite evaluation and employer engagement pilot.
- Statewide coverage with six local respite networks partnering with organizations targeting all populations of need across the lifespan both public and private; education, government, business, behavioral health, juvenile justice, developmental disabilities, physical disabilities, elderly, public health, medical providers, community action agencies, those with access to families across income levels, agencies serving young children and adolescents, etc.
- Partnering with UNMC/MMI/College of Public Health/College of Social Work to train students who help fulfill current provider need & become informed as healthcare professionals for return to community. Leadership team is pursuing academic credit for student internship for respite training and provider experience.
- State and local level 3-year sustainability plans providing in-depth strategic planning of financial goals and activities to accomplish mission;
- Broadened stakeholder collaborations to ensure representation of all age, disability groups as well as the broadest possible cross section of the provider network;
- Communicated with community partners and family caregivers to share information on project activities;
- Strengthened collaborations between local respite programs and the Department to increase access to respite resources

- Designed and implemented awareness campaigns to promote knowledge and understanding of caregiver needs, respite services, and the importance of utilizing respite;
- Expanded state and local respite websites and Network-approved provider databases to centralize respite services for caregivers and providers to improve capacity for agencies to make referrals to appropriate respite resources. Nebraska Resource and Referral System (NRRS) provides 24/7 access to respite resources at www.nrrs.gov/respitesearch; and
- Meaningful involvement of family members, family caregivers, and care recipients to match identified care recipient needs and analyze outcomes;

Outreach and Marketing Activities (Respite Coordinators, CCFL and MMI)	Number
Contacts by telephone, personal contacts, USPS mailings, social and print media, presentations, email communications with providers and caregivers or NRRS/Respite Search requests for information or assistance	741,969
Contact With (Respite Coordinators)	Number
A&D Waiver	26
Advisory Committee Member	11
Area Agency on Aging	54
Assisted Living	2
Behavioral Health Region Agency/Mental Health Provider	89
Caregiver	1389
Care Recipient	1
Child Care	8
Caregiver	755
Child Advocacy Organization	56
Community Action Agency	19
Consumer Family Specialist	3
Developmental Disabilities	21
Department of Education-Early Childhood	4
Disability-Specific Advocacy Org.	72
Early Development Network	81
Employer/Chamber of Commerce/Workforce Agency	14
Emergency Management Agency	1
ESL Coordinators	5
ESU	10
Faith Based Group	15
Foster Care Agency	16
Friend or Neighbor	14
Goodwill Industries	3
Health Department	14
Hospice Agency	7
Hospital	32

Home Health Agency	15
Housing Agency	7
Independent Living Center	24
Individual	1194
Law Enforcement	1
Legal Guardian	7
Local Office	22
Long term Care Facility	16
Medical Clinic	3
MHCP/SSI-DCP	17
Military	3
News Media	13
Provider	1358
Relative	41
Resource Developer	62
Respite Subsidy	13
School	29
Senior Center	6
State Ombudsman's Office	1
United Way	1
USPS	1
Veterans Organization	2

DHHS identified a need to analyze existing statewide respite data to focus on need and satisfaction with services, including statistical differences between regions, disabilities or other categories deemed important. The University of Nebraska Medical Center Munroe-Meyer Institute (UNMC/MMI) was engaged to help build long-term sustainability in Nebraska's lifespan respite program. Academic faculty and specialized family advocacy staff brought a unique focus to help develop a replicable model of incorporating information about respite resources into workplace wellness and human resource supports. The overall respite utilization evaluation plan can be broken down into five big areas: Need, Access, Caregiver Outcomes, System Outcomes and Cost-Benefit of the system. While the components overlap, each has data that contribute to the overall picture. Two main questions drives the 3-year evaluation (2015-2017): (1) What is the current state of the respite care system? And, (2) What are the outcomes of the services provided within the system? By answering these questions, the goal will be to provide results on cross-agency collaboration and outcomes for caregivers. The evaluation for year one focused mainly on analyzing data that was already collected as part of the process. The data analyzed involves need and access to respite care services as well as satisfaction with those services. Information on caregiver outcomes and new programs, such as REST, are also collected. For measures that are collected pre and post, statistics will be run to examine the change over time in the multiple outcome categories. This plan was reviewed and amended as appropriate to align with the "Expert Panel on Respite Research" agenda purpose and goals (Note: Expert Panel final report due by July 31, 2015).

The evaluation for year one focused mainly on analyzing data that was already collected through the eLifespan Respite online system and the DHHS CONNECT client eligibility system. It focused primarily on need and access to respite care services as well as satisfaction with those services. Information on caregiver outcomes and the REST (Respite Education and Support Tools) Train-the-Trainer training data was also collected and included in the annual report for 2015. For measures collected pre and post, statistics were run to examine the change over time in the multiple outcome categories.

Key Findings of Year One respite evaluation (representing a small sampling of Lifespan Respite Subsidy Program participants and family caregivers):

- 1. Satisfaction with overall level of respite services and the care provided to the care recipient is high.*
- 2. Family caregiver health symptoms decreased dramatically when family caregivers received respite services.*
- 3. Family caregiver stress levels decreased from extremely stressed to moderately stressed when receiving respite.*
- 4. Relationship strain with both the care recipient and spouse decreased.*
- 5. Finding a respite caregiver has proven to be a challenge for some families, particularly for children with significant behavior issues.*
- 6. More information on how to use and bank respite hours may need to be communicated.*

A secondary emphasis of this respite evaluation project is to pilot, analyze and evaluate employer engagement activities to increase awareness of respite resources for employees as caregivers. UNMC/MMI and Nebraska Medicine are leading the way with the Respite Employer Engagement Pilot Program with DHHS. Respite partners are providing resources for all of UNMC/MMI and Nebraska Medicine employees who need respite services for their families. Statewide, local Respite Coordinators provide respite education materials to diverse industries from banking, education, healthcare, production manufacturing, retail and human services. Outreach opportunities were also pursued to include the following professionals and activities:

- Human Resource staff;
- Wellness professionals;
- Attended trade association meetings such as the Society for Human Resource Managers (SHRM);
- Provided lunch and learn opportunities;
- Participated in wellness vendor fairs;
- Internal newsletters/communication systems;
- Routinely attending new hire orientations; and
- Spoke with a number of area Chambers of Commerce and business-oriented service organizations such as Rotary International and Kiwanis International.

Both employees and workplace managers receive information on respite resources. On-site information sharing was in the form of materials posted on break room bulletin boards, payroll envelope stuffers, information racks, new hire notebooks, and table flyers. Based upon feedback from follow-up conversations with recipients to mailed letters, it was clear that generic letters to businesses introducing respite resources or offering to provide presentations were not an effective means of outreach. This practice is now discouraged in outreach with the business community. Instead, local networks found relationship building methods, similar to what is used

with human services organization representatives, to be a more effective strategy in obtaining “audiences” with busy business corporate professionals.

Some local networks developed pre and post-presentation surveys that offer insight both for respite awareness and the quality of the material and presentation. One network created a business advisory council to provide professional guidance in developing a packet of materials that would appeal to the corporate human resource professional, including the appropriate paper style/font/and print format for business-specific communications. Within the business community there remains a general lack of knowledge and/or awareness about what respite is, the benefits, how to obtain services, who to contact for respite services or how to access if needed. Local efforts to evaluate awareness of respite pre and post-employer presentations were conducted. To address this, the employer engagement pilot program at UNMC & NE Medicine successfully integrated respite resources into the routine employee new hire orientation process. Having access to a range of online and paper resources across disability populations and funding sources is helpful when presenting to groups. The www.nrrs.ne.gov/respitesearch site provided 24/7 access to family caregivers and advocates information regarding Lifespan Respite Network providers, including recognition of those completing REST (Respite Education Support Tools) training, and a range of additional caregiving resources supported by AoA grant funding.

Employer engagement activities resulted in improving the recognition at all levels of employees in caregiving roles. There is also an occasional successfully recruited respite provider or frequent sharing of personal family experiences as caregivers by presentation participants. More than one network was able to secure funding for a local respite initiative, such as food for a REST training or costs for a specific family respite need. Following the initial contact, Human Resource and Wellness professionals repeatedly reach out to Respite Coordinators with employee referral needs as they began to recognize caregiver roles among employees.

Year two plans to be a more rigorous period of activity incorporating evaluation of the local tools developed in the previous two years of initial employer outreach. A means to improve statewide tracking of employers incorporating respite into their benefits or training programs, including wellness offerings, is in development with the eLifespan Respite System.

LIFESPAN RESPITE SUBSIDY:

The Lifespan Respite Subsidy program is currently serving 385 individuals with special needs. Between July 1, 2014 and June 30, 2015, the Lifespan Respite Subsidy Program served 750 total individuals. Clients eligible for other programs providing respite services are referred to those appropriate programs. Total expenditures for FY 2014 was \$423,211.12. \$379,392.12 (*direct services*) + \$43,819.00 (*UNL Board of Regents/CCFL*)

The 750 individuals opened, closed or denied for services had one or more of the following special needs:

By age group

Ages 0-18	413
Ages 19-59	110
Ages 60+	227
Total	750

Reported Need (not unduplicated)	
Aggressive or Disruptive Behavior (ages 7-18)	7
Alzheimer's Disease	37
Anxiety Disorders	67
Arthritis Or Other Joint Problems	43
Asthma	
Autism/Autism Spectrum Disorder	108
Behavior Disorder-Early Development Network/Respite	29
Behavior Disorder (3-18)	112
Blood problems, such as Anemia or Sickle Cell Disease	4
Brain Injury-Other	8
Brain Injury-Stroke/CVA	22
Brain injury-TBI	2
Cancer	21
Cerebral Palsy	15
Chromosomal Abnormality	8
Chronic Obstructive Pulmonary Disease (COPD)	26
Congestive Heart Failure	9
Coronary Heart Disease	24
Deaf- Blindness	1
Cerebral Palsy	15
Chromosomal Abnormality	8
Chronic Obstructive Pulmonary Disease (COPD)	26
Congestive Heart Failure	9
Dementia other than Alzheimer's Disease	29
Depression	70
Diabetes	8
Digestive System Disorder	10
Down Syndrome	18
Endocrine	2
Enuresis	1
Failure to Thrive	5
Fetal Alcohol Syndrome	8
Growth Hormone Deficiency	1
Hearing Impairments/Hearing Aids	20
Heart Condition	28

Intellectual Disability or Developmental Delay	18
Kidney	7
Mental Handicap-Mild	5
Hearing Impairments/Hearing Aids	20
Mental Handicap-Moderate	16
Mental Handicap- Severe & Persistent	2
Mental Illness	49
Multiple Impairments	46
Multiple Sclerosis	9
Muscular Dystrophy	2
Neurodegenerative Disease - Other	4
Neurology	4
Orthopedic Impairments	18
Other Health Impairments	9
Prematurity	8
Quadriplegia	1
Reactive Attachment Disorder	5
Renal Failure	1
Respiratory System Disorder	3
Scoliosis	3
Seizure Disorder	31
Self-Harm Behaviors	2
Serious Emotional Disturbance (age 6 through 17)	7
Speech-Language Impairments	98
Spinal Cord Injury	4
Spinal Disorder	5
Urology	6
Visual Impairments	27

Change in number of cases

	Closed	Deny	Open
Ages 0-18	178	25	210
Ages 19-59	54	12	44
Ages 60+	138	31	58
Total	265	44	137

Referral Source	Total
Transfer case from another DHHS agency	1
Support Group	1
Self	24
School	4
Respite Network Coordinator	32
Relative	47
Parent	113

Other Services Coordinator	6
Other	5
Nursing Facility	1
Mental Health Provider	13
Legal Guardian	10
Health & Human Services	7
Health Care Provider	12
Early Development Network	39
Community Agency	13
Child Care Provider	3
Area Agency on Aging	29

Respite Detail Age Group	# Client
0 - 2	21
3 - 5	46
6 - 18	185
19 - 35	33
36 - 50	12
51 - 64	12
65 - 74	19
75 - 84	31
85 and older	26
Grand Total	385

November 24, 2015 Open Cases

Respectfully Submitted by:

Sharon J. Johnson, Program Coordinator
DHHS – Children and Family Services
Lifespan Respite Program
P.O. Box 95026
Lincoln, NE 68509-5026
(402) 471-1764
dhhs.respite@nebraska.gov
<https://nrns.ne.gov/respitesearch/>

Sharon J. Johnson,
Statewide Respite Network
Coordinator 402-471-1764 or
sharon.j.johnson@nebraska.gov

Linda Lehde, Social Services Worker for
Lifespan Respite Subsidy Program
402-471-9188 or
linda.lehde@nebraska.gov

Department of Health & Human Services
Division of Children & Family Services
Economic Assistance
P.O. Box 95026
Lincoln, NE 68509-5026



Nebraska Lifespan Respite Network



Nebraska Department of Health and Human Services

Division of Children and Family Services
Economic Assistance



CPS-PAM-12.1/2015

Respite care - planned or emergency - is the provision of short-term, temporary relief to those who are caring for family members with special needs. Respite also provides a positive experience for the person receiving care. Even though many families take great joy in providing care to their loved ones so that they can remain at home, the physical, emotional and financial consequences for the family caregiver can be overwhelming. Sometimes caregivers are so busy caring for others that they ignore their own needs. It's okay to take an occasional break from caregiving!

Call a Respite Network Coordinator in your area at 1-866-RESPITE (1-866-737-7483) for help with respite resources.

You may also visit the DHHS supported website "Nebraska Resource and Referral System" at <https://nrrs.ne.gov/respitesearch/>.



This free service will assist you 24/7 in finding Network-approved respite providers that best fit your needs and location. You can easily search for respite resources and supportive services throughout Nebraska on this site, as well as find answers to your questions, such as:

- What if I (the caregiver) need help finding a Network-approved respite provider so I can have a break?
- How do I get a care recipient qualified for the Lifespan Respite Subsidy Program?
- How do I become a Respite provider?
- When/where is caregiver and/or provider training offered?

Central Service Area
Serving Adams, Blaine, Buffalo, Clay, Custer, Hall, Hamilton, Franklin, Garfield, Greeley, Harlan, Howard, Kearney, Loup, Merrick, Nuckolls, Phelps, Sherman, Valley, Webster, and Wheeler counties.

Lydia Hovie, Coordinator
Central NE Community Services
PO Box 509
626 N Street
Loup City, NE 68853
308-745-0780, ext. 145
shochart@cennecs.org

Eastern Service Area
Serving Douglas and Sarpy counties.

Ellen Bennett, Coordinator
Partnerships in Aging
4223 Center Street
Omaha, NE 68105
402-996-8444
edbenne@gmail.com

Western Service Area
Serving Banner, Box Butte, Cheyenne, Dawes, Deuel, Garden, Kimball, Morrill, Scottsbluff, Sheridan, and Sioux counties.

Sherri Blome, Coordinator
Panhandle Partnership for
Health and Human Services
300 Shelton St.
Chadron, NE 69337
308-432-8190
specialprojects@wchr.net

Northern Service Area
Serving Antelope, Boone, Boyd, Brown, Burt, Cedar, Cherry, Colfax, Cuming, Dakota, Dixon, Dodge, Holt, Keya Paha, Knox, Nance, Madison Pierce, Platte, Rock, Thurston, Stanton, Washington and Wayne counties.

Lydia Hovie, Coordinator
Central NE Community Services
P.O. Box 509
626 N Street
Loup City, NE 68853
308-745-0780 ext. 145
shochart@cennecs.org

Southeast Service Area
Serving Butler, Cass, Fillmore, Gage, Jefferson, Johnson, Lancaster, Nemaha, Otoe, Pawnee, Polk, Richardson, Seward, Saunders, Saline, Thayer, and York counties.

Mary Shada, Coordinator
YWCA - Lincoln
2620 O Street
Lincoln, NE 68510
402-434-3494 ext. 103
mary@ywcaincoln.org

Southwest Service Area
Serving Arthur, Chase, Dawson, Dundy, Frontier, Furnas, Gosper, Grant, Hayes, Hitchcock, Hooker, Keith, Lincoln, Logan, McPherson, Perkins, Red Willow and Thomas counties.

Helena T. Janousek, Coordinator
Southwest NE Public Health Dept.
P.O. Box 1235
McCook, NE 69001
308-345-4990
respite@swhealth.ne.gov